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ACT RECEIPT #5

LAW OFFICES

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP

600 SOUTH AVENUE WEST

WESTFIELD, NEW JERSEY 07090-1497

(908) 654-5000

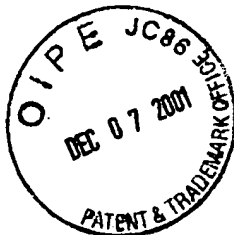
FAX: (908) 654-7866

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October 25, 2001

SIDNEY DAVID  
JOSEPH S. LITTENBERG  
ARNOLD H. KRUMHOLZ  
WILLIAM L. MENTLIK  
JOHN R. NELSON  
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EDWARD D. PERGAMENT  
FRANK J. CHESKY III  
WILLIAM SMITH  
TIMOTHY J. LUBECKI\*  
TIMOTHY J. BORTREE  
YUFENG LIU

OF COUNSEL  
LAWRENCE I. LERNER  
DANIEL H. BOBIS  
RAYMOND W. AUGUSTINA  
HARVEY L. COHEN

\*NORTH CAROLINA BAR ONLY  
\*NEW YORK BAR ONLY  
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Commissioner For Patents  
Office of Initial Patent Examination  
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Re: Our File: ALBIHN W 3.3-407  
Appln. No. 09/857,947  
Filing Date: September 17, 2001  
Group Art Unit: 3651

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GROUP 3600

Dear Sir:

We are enclosing herewith copies of the filing receipt and executed Declaration for the above-identified patent application.

Please note that the sixth (6<sup>th</sup>) word of the *Title* should read --CONTROLLING--, not "controlled."

Kindly issue a corrected filing receipt for the above-identified application as soon as possible.

Sincerely yours,

LERNER, DAVID, LITTENBERG,  
KRUMHOLZ & MENTLIK, LLP

ARNOLD H. KRUMHOLZ  
Reg. No. 25,428

AHK:ls  
Enclosures  
335095\_1.DOC



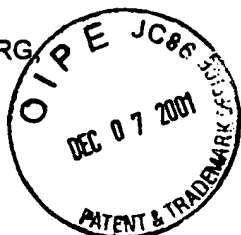
## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/857,947	09/17/2001	3651	1400	ALBIHN-407 3.3	3	5	2

CONFIRMATION NO. 2562

000530  
LERNER, DAVID, LITTENBERG  
KRUMHOLZ & MENTLIK  
600 SOUTH AVENUE WEST  
WESTFIELD, NJ 07090



## FILING RECEIPT



\*OC000000006863671\*

Date Mailed: 10/11/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Bjorn Hamsten, Goteborg, SWEDEN;

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A 371 OF PCT/SE00/01758 09/12/2000

## Foreign Applications

SWEDEN 9903691-5 10/12/1999

Projected Publication Date: Not Applicable, filed prior to November 29,2000

Non-Publication Request: No

Early Publication Request: No

## Title

Arrangement and a method for controlled units within a flow

## Preliminary Class

198

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

ATTORNEY'S DOCKET NO.: ALBIHN-407

As a below-named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN ARRANGEMENT AND A METHOD FOR CONTROLLING UNITS WITHIN A FLOW the specification of which

☐ is attached hereto

☒ was filed on 12 September 2000 as United States Application Number or PCT International Application Number PCT/SE00/01758 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED
SE	9903691-5	OCTOBER 12, 1999	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 3 HEREOF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Application Number:

Filing Date:

Application Number:

Filing Date:

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Serial Number:

Parent Filing Date:

Parent Patent No.:

U.S. Parent Application Serial Number:

Parent Filing Date:

Parent Patent No.:

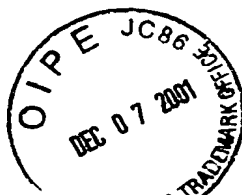
PCT Parent Number:

Parent Filing Date:

LISTING OF US APPLICATIONS CONTINUED ON PAGE 3 HEREOF: ☐ YES ☒ NO

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

DIRECT ALL CORRESPONDENCE TO: Customer No. 000530



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): Björn Hamsten

Inventor's signature *Björn Hamsten* Date 14 May 2001

Residence: GÖTEBORG, Sweden Citizenship: Sweden

Post Office Address: Slottskogsgatan 91, S-424 76 GÖTEBORG, Sweden

Full name of second joint inventor, if any (given name, family name): \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of third joint inventor, if any (given name, family name): \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fourth joint inventor, if any (given name, family name): \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fifth joint inventor (given name, family name): \_\_\_\_\_

Fifth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of sixth joint inventor, if any (given name, family name): \_\_\_\_\_

Sixth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of seventh joint inventor, if any (given name, family name): \_\_\_\_\_

Seventh Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of eighth joint inventor, if any (given name, family name): \_\_\_\_\_

Eighth Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_